

**PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)**Docket Number (Optional)  
001107.00060

In re Application of Peter Devreotes

Application Number 09/764,141 Filed January 19, 2001

For Receptor Modified Activation of Heterotrimeric G-proteins

Group Art Unit  
1646 Examiner  
N. Basi#10  
M.Q.J  
3/13/03**RECEIVED**

MAR 21 2003

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows  
(check time period desired):

<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$110
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$_____
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$_____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$_____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$_____
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ <u>55.00</u> .	
<input type="checkbox"/> A check in the amount of the fee is enclosed.	
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.	
<input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.	
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>19-0733</u> .	

I have enclosed a duplicate copy of this sheet.

I am the  applicant/inventor.

assignee of record of the entire interest. See 37 CFR 3.71

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

attorney or agent of record.

attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a). \_\_\_\_\_ .

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

March 14, 2003

Date

Signature

Sarah A. Kagan, Reg. No. 32,141

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of \_\_\_\_\_ forms are submitted.

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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55.00 CH

03/19/2003 CVO111

55.00 CH

01 FC:2251

# FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

## TOTAL AMOUNT OF PAYMENT

(\$ 55)

Complete If Known

Application Number	09/764,141
Filing Date	January 19, 2001
First Named Inventor	Peter Devreotes
Examiner Name	N. Basi
Group / Art Unit	1646
Attorney Docket No.	001107.00060

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## METHOD OF PAYMENT (check all that apply)

 Check  Credit card  Money  Other  None  
 Order
 Deposit Account:

Deposit Account Number

19-0733

Deposit Account Name

Banner &amp; Witcoff, Ltd.

The Commissioner is authorized to: (check all that apply)

 Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) during the pendency of this application  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

## 1. BASIC FILING FEE

## Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
101	740	201	370	Utility filing fee	
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	

SUBTOTAL (1)

(\$ 0)

## 2. EXTRA CLAIM FEES

Total Claims	-	Extra Claims	Fee from below	Fee Paid
Independent Claims	-	** = 0	X _____	= 0
Multiple Dependent	-	** = 0	X _____	= 0

## Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim, if not paid ** Reissue independent claims over original patent
109	84	209	42	** Reissue claims in excess of 20 and over original patent
110	18	210	9	

SUBTOTAL (2)

(\$ 0)

\*\* or number previously paid, if greater; For Reissues, see above

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First Named Inventor	Peter Devreotes
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1646

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\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$ 55)

SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)	Sarah A. Kagan	Registration No. Attorney/Agent)	32,141	Telephone 202.824.3000
Signature			Date	March 14, 2003

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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